Name in Full | Certificate of Death

Anna L. Barnes

Died at Town: Unionville County: Carroll MARYLAND

Date 1898 Month: Nov. Day: 2 | Age Y. 56 M. D. | Native of | Occupation

Male | White | Married | Widow | Divorced

Female | Colored | Single | Widower | Number of children living

~~Husband~~ Wife of Wm Barnes

Father's Name | Mother's Name

Cause of Death: Primary Brights disease 97 | How long sick

Immediate ~~161~~ | Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

On Nov 2 I buried Mrs Anna L ~~Lindsey~~ Barnes, died after long illness of Brights decease. Age I think 56. I made no inquiry as to doctor. The undertaker was from New Windsor Carrol Co Md. I was ignorant of the new Law

T. Wood

Name in Full

Mrs. William Barnes

Certificate of Death

Died at near Town New Windsor County Carroll MARYLAND

Date 189 5 Month 11 Day 1 | Age Y. 49 M. D. | Native of | Occupation

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | Widow | Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 Immediate

How long sick

Accident, Suicide, Homicide

Reported by Carroll Bryant

Address Taneytown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

Name in Full

Certificate of Death

Raymond Willie Arlena Bloom

Town: Winfield

County: Carroll

Died at Winfield Carroll MARYLAND

Month: Nov Day: 19

Date 1898

Age: Y. 7 M. 10 D. 16

Native of Maryland

Occupation ——

Male ~~Female~~ White ~~Colored~~

~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~

~~Number of children living~~

~~Husband of Wife~~

Father's Name: Jasper L Bloom

Mother's Name: Ella J Bloom

Cause of Death — Primary: Congestion of Kidneys & Liver — How long sick: 13 days

Immediate: Inflamation of lung 92

~~Accident~~, Suicide, ~~Homicide~~

Reported by: Edwin J Cronk M.D.

Address: Winfield Carroll County Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Bowers

Certificate of Death

Died: Town: Near Medow Branch County: Carroll MARYLAND

Date 189 8 Month: 11 Day: 10 | Age Y. 3 M. 15 D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name: Wm. T. Bowers

Mother's Name: Ida

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by American Sentinel 11-12

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full | Certificate of Death

Mrs Mary McKeen Brooks

Died at Town: Sykesville County: Carroll MARYLAND

Date 1898 Month: November Day: 16 | Age Y. 65 M. D. | Native of | Occupation

~~Male~~ White yes Married yes ~~Widow~~ ~~Divorced~~

Female yes ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife Thorndike Brooks

Father's Name | Mother's Name 76

Cause of Death: Primary Asthma Complicated by Chronic Bronchitis | How long sick

Immediate Pneumonia | Accident, ~~Suicide~~, ~~Homicide~~

Reported by Dr Daniel B. Sprecher

Address Sykesville Md.

Duplicate

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full Alfred Bruce

Certificate of Death

Died at Town Westminster County Carroll MARYLAND

Date 1898 Month Nov Day 9th Age Y. 73 M. 8 D. 25 Native of Maryland Occupation Farmer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 6

Husband ~~Wife~~ of Angeline Bell

Father's Name Isaac Bruce Mother's Name Merandia Bruce

Cause of Death Primary Heart disease How long sick

Immediate 57 Accident, Suicide, Homicide

Reported by F C Sharrer Undertaker

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

P. C. I. 48

Sr. Leonard Zepp, Westminster

1-12

Name in Full Nellie Carlisle

Certificate of Death

Died at Town Sams Creek County Carroll MARYLAND

Date 189 8 Month Nov Day 2 | Age Y. 1 M. D. | Native of Md | Occupation

~~Male~~ White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Ed. Carlile

Mother's Name

Cause of Death: Primary Convulsions 49 | How long sick 1 day

Immediate | Accident, Suicide, Homicide

Reported by Chas. P. Baile, Undertaker

Address New Windsor.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

P.C.F.

P.C.F 30

Sr. Gen. H. Brown, Dec. 27

New Windsor, Md.

Name in Full: Oliver Cook

Certificate of Death

Died at Town: Berrett County: Carroll MARYLAND

Date 1898. Month: November Day: 24 Age Y. 27 M. 3 D. 17 Native of: Carroll Co Occupation: Brakeman

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Henry Cook

Mother's Name: Lavinia Cook

Cause of Death: Primary: Consumption 22a

Immediate: Laryngeal Phthisis

How long sick: 2 Years

Accident, Suicide, Homicide

Reported by: L. A. Aldridge Physician

Address: Long Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Simon Coppersmith

Died at Town Barrett County Carroll MARYLAND

Date 1898 Month Nov. Day 24 Age Y. 72 M. 4 D. 17 Native of Maryland Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 4

Husband ~~Wife~~ of Elizabeth Wilson

Father's Name

Mother's Name

Cause of Death Primary Paralysis 44

Immediate Paralysis sec. stroke

How long sick two weeks

~~Accident, Suicide, Homicide~~

Reported by E D Crook M D,

Address Winfield Carroll Co.

filed 1898

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Certificate of Death

Uriah Eckard

Died ~~at~~ Town near New Windsor County Carroll MARYLAND

Date 1898 Month 11 Day 21 | Age Y. 65 M. D. | Native of | Occupation farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower ~~Divorced~~ Number of children living 4

Husband of Wife

Father's Name Mother's Name

Cause of Death { Primary / Immediate } How long sick

Accident, Suicide, Homicide

Reported by American Sentinel 11-26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65568

Name in Full — Certificate of Death

Rebecca Eckenrode

Died at — Near Town: New Winsor — County: Carroll — MARYLAND

Date 1898 — Month: Nov — Day: 1st — Age: Y. 74 M. 2 D. — Native of: Pa — Occupation:

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

Husband / Wife of: Joseph Eckenrode.

Father's Name: John Wise — Mother's Name:

Cause of Death — Primary: Heart disease 57 — How long sick: 5 days

Immediate — Accident, Suicide, Homicide

Reported by: Frank C Sharrer Undertaker

Address: Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

P. C. I. 39

Dr. G. H. Brown, Dec 30
New Windsor, Md.

Name in Full

Certificate of Death

Rebecca Eckenrode

Died at Town: Uniontown County: Carroll MARYLAND

Date 1895 Month: Nov. Day: 1st Age: Y. 75 M. D.

Native of

Occupation

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living 7

~~Husband~~ Wife of Joseph Eckenrode

Father's Name: John Wise

Mother's Name:

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Sentinel Uniontown Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

St. Johns Catholic Church.

Name in Full

Certificate of Death

Hilda A Grimes

Died at Town: Gist — County: Carroll — MARYLAND

Date 189 — Month: Nov, Day: 25 — Age: Y. 2 M. D. 8 — Native of: Maryland — Occupation: ———

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / ~~Number of children living~~

~~Husband of~~ / ~~Wife~~

Father's Name: Francis J Grimes

Mother's Name: Pearl E Shipley

Cause of Death — Primary: Acute Indigestion J2

Cause of Death — Immediate: convulsions

How long sick: 3 days

~~Accident, Suicide, Homicide~~

Reported by: Edwin D Pierpont M.D.

Address: Winfield Carroll Co Md,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full: Susan Kesselring

Certificate of Death

Died at ~~Town~~ near Wiest's Mill County Carroll MARYLAND

Date 189 8 Month 11 Day 3 | Age Y. M. D. | Native of | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

~~Husband~~ Wife of William Kesselring

Father's Name

Mother's Name

Cause of Death: Primary | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Carroll Reed

Address Taneytown 11-5

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65988

Name in Full

Mr. Philmore Lockard

Certificate of Death

Town Jammy County Carroll

Died at " MARYLAND

Date 189 Month Nov. Day 11 | Age Y. 32 M. 4 D. 10 | Native of Md. | Occupation Laborer

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 3

Husband / Wife of Annie Lockard

Father's Name Henry Lockard Mother's Name Susie Lockard

Cause of Death — Primary Consumption — How long sick One year

Immediate Dropsy — 22a — Accident, Suicide, Homicide

Reported by Dr L Platt

Address Mt Airy Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name in Full | Certificate of Death

Rachael Ann Myers

Died at Town Mt. Olive County Carroll MARYLAND

Date 1898 Month Nov Day 4 | Age Y. 80 M. D. | Native of Maryland | Occupation Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 6

~~Husband~~ Wife of Henry H. Myers

Father's Name Not given | Mother's Name Not given

Cause of Death: Primary Pneumonia 72 | How long sick 14 days

Immediate " | ~~Accident, Suicide, Homicide~~

Reported by A. T. Crook M.D.

Address Winfield Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Nathaniel H. Naill

Certificate of Death

Died at Town Mc Kinstry County Carroll MARYLAND

Date 189 8 Month 11 Day 11 Age Y. 77 M. 2 D. 18 Native of Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary How long sick

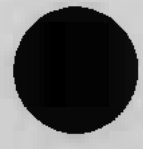
Immediate Accident, Suicide, Homicide

Reported by Carroll Record

Address Taney town 11-19

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full

Certificate of Death

Effie Newcomer

Died at Town: Frizellburg County: Carroll MARYLAND

Date 1898 Month: Nov. Day: 13 Age Y. 17 M. — D. — Native of Carroll Co. Occupation Housewife

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

~~Husband~~ Wife of Edward A Newcomer

Number of children living None

Father's Name David E Myers Mother's Name Mary Copperesmith

Cause of Death: Primary Bronchitis 22a How long sick about 8 mos

Immediate Consumption

~~Accident, Suicide, Homicide~~

Reported by Chas R Fonts, M.D.

Address Westminster Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Susan Penn

Certificate of Death

Died at Town: Hinkel County: Carroll MARYLAND

Date 1898 Month: Nov Day: 26 | Age Y. 71 M. 9 D. 6 | Native of Carroll Co | Occupation Farmers Wife

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living 5

Husband / Wife of John Penn

Father's Name Jashua Franklin

Mother's Name Elizabeth Franklin

Cause of Death: Primary 15-5-6 How long sick

Immediate Heart Failure Accident, Suicide, Homicide

Reported by Horace Lee Shirley OVER

Address Daniel Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78705

Attended by Dr. _____

of _____

Information contained in this certificate received from _____

of Horace L. Shipley
Local Preacher
M. E. Church
Daniel Md

Name in Full: Sarah Susan Sayler

Certificate of Death: S. Diller

Died at: Town D. P. Creek County Carroll MARYLAND

Date 1898 Month Nov- Day 28 | Age Y. 53. M. 1. D. 28 | Native of Md- | Occupation Housewife

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife — — 86 —

Father's Name: Jacob Sayler

Mother's Name: Susan Sayler

Cause of Death: Primary: Hernia, Pelvic Abscess operation

Immediate: Strangulation. abscess pelvic

How long sick: 8 days

~~Accident, Suicide,~~ Homicide

Reported by: Dr Chas. H. Diller

Address: D P Creek Md —

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Cornelius W. Shivers

Died at Town Mt Airy County Carroll MARYLAND

Date 1898 Month Nov. Day 30 Age Y. 58 M. 11 D. 20 Native of Md Occupation Blacksmith

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

Husband / Wife of Mary C. Henry

Father's Name Cornelius W Shivers Sr Mother's Name ——

Cause of Death Primary Heart Disease 57 How long sick Died Suddenly

Immediate Accident, Suicide, Homicide

Reported by W. E. Gaver

Address Mt Airy Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name in Full — Shoemaker

Certificate of Death

Died at Town Middleburg County Carroll MARYLAND

Date 189 8 Month 11 Day 10 Age Y. M. D. Infant Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Grant Shoemaker Mother's Name

Cause of Death: Primary 16' How long sick

Immediate Accident, Suicide, Homicide

Reported by Tommy Town, Carroll Record

Address 11-19

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Geo. H. Stoner

Died at Town Stonersville County Carroll MARYLAND

Date 1898 Month 11 Day 22 | Age Y. 80 M. 1 D. 17 | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 6

~~Husband~~ ~~Wife~~ of Sullivan

Father's Name

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by American Sentinel 11-26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Edward Stuk

Died at Town: Bakers Valley County: Carroll MARYLAND

Date 189 Month: 11 Day: 11 | Age Y. 30 M. D. | Native of | Occupation

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband / Wife of

Father's Name

Mother's Name

Cause of Death — Primary: Typhoid Fever | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Banner & Liberty 11-17

Address

Must be signed by physician, if any in attendance, otherwiae by coroner, undertaker or minister.

LIBRARY BUREAU, 79705

Name in Full — Certificate of Death

Barbara. Senft

Died at Town: Westminster; County: Carroll — MARYLAND

Date 189 8 — Month: Nov. Day: 25 — Age: Y. M. D. — Native of: Germany — Occupation: House Keeper

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living: 0

~~Husband~~ / Wife of John Senft

Father's Name

Mother's Name: 100

Cause of Death — Primary: Weak back & Kidney Trouble. How long sick: 5 years

Immediate

Accident, Suicide, Homicide: Undertaker

Reported by: James. M. Shower

Address: Westminster Md

Must be signed by physician, if any in attendance, other[illegible] by coroner, undertaker or minister.

LIBRARY BUREAU

P. C. I. 41

No doctor in attendance

Name in Full | Certificate of Death

Ruth Ellen Weaver

Died at Town: Carroll Co Alms House County: Carroll MARYLAND

Date 189 8 Month: Nov. Day: 7th | Age Y. 82 M. D. | Native of: Maryland | Occupation: Domestic

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Dont Know | Mother's Name: Dont Know

Cause of Death: Primary: Apoplexy 42 | How long sick: 4 days

Immediate: Heart Failure | ~~Accident, Suicide, Homicide~~

Reported by: Leonard Zepp

Address: Wehmuaten Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full Mrs. Henry Willis

Certificate of Death

Died at Town Uniontown County Carroll MARYLAND

Date 189 F Month 11 Day 1 | Age Y. M. D. | Nativa of | Occupation

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored ~~Single~~ Widower Number of children living

Husband of Wife

Father's Nama Henry Willis Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Carroll Record

Address Taneytown 11-5-

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Annie Yingling — Certificate of Death

Died at — Town: Westminster — County: Carroll — MARYLAND

Date 189 — Month: Nov. — Day: 17 — Age: Y. 54 M. 7 D. 10 — Native of: Md — Occupation: Lady

Female — White — Married — Widow — Divorced

Husband of / Wife — Ezra Yingling

Father's Name — Henry Marshall — Mother's Name — Mary Marshall

Cause of Death — Primary — Consumption — How long sick — 6 Months

Immediate — 22a — Accident, Suicide, Homicide

Reported by — W. L. Bell

Address — Westminster

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968